

**Union Lutheran Church
Exploitation, Ministerial Conduct and Youth
Protection Policy
Incident Report**

Name of Victim _____

Date of Report _____

Alleged Perpetrator(s) _____

Witness(es) _____

Date, time and location of incident _____

Description of incident _____

_____ **I am a mandatory reporter.**

_____ **I choose to remain anonymous regarding this incident.**

**THE ABOVE INFORMATION IS FREELY PROVIDED AND IS TRUE TO THE
BEST OF MY KNOWLEDGE.**

Signature

Relationship if different from victim

Childline Phone Number: 1-800-932-0313

Date reported _____

Reported by _____